

METAL LARYNGOSCOPE BLADE

Field of the Invention

The invention is in the field of laryngoscope blades.

Background of the Invention

5 ISO 7376 standardizes a removable double snap engagement of a metal or plastic laryngoscope blade into an operative intubation position on a laryngoscope handle. Metal laryngoscopes blades include pre-loaded ball bearing mechanisms for effecting the engagement whilst their plastic counterparts have resiliently elastically deformable blade hook-on fittings for
10 effecting same. Metal laryngoscopes blades engage a laryngoscope handle more securely than their plastic counterparts but they are more expensive and therefore cost considerations militate against the former particularly for disposable single use laryngoscope blades. Exemplary laryngoscopes are illustrated and described in *inter alia* US Patent 4,557,256, US Patent 4,570,614, US Patent 4,958,624, US
15 Patent 5,529,570, US Patent 6,139,491, and US Patent 6,213,937.

Summary of the Invention

The present invention is for a novel metal laryngoscope blade with a resiliently elastically deformable metal blade hook-on fitting for removable double snap engagement into an operative intubation position on a laryngoscope
20 handle with a correspondingly sized handle hook-on fitting. The present invention can be implemented for an ISO 7376/3 type laryngoscope blade, and both versions of an ISO 7376/1 type laryngoscope blade, namely, the original version with an electric light source disposed toward its leading tip, and the so-called Shucman® version with an electric light source disposed toward its trailing
25 end. The laryngoscope blade is preferably made from stainless steel and is either fashioned as a single discrete item or it can be welded together from two discrete metal parts, namely, a spatula and a blade hook-on fitting. The thickness of the

laryngoscope blade and its resiliently elastically deformable metal blade hook-on fitting in particular is selected so as to be, on the one hand, sufficiently sturdy for its intended clinical use and, on the other hand, sufficiently resiliently elastically deformable to effect the intended double snap engagement. The thickness of the laryngoscope blade and its resiliently elastically deformable metal blade hook-on fitting in particular is envisaged to be in the order of 1.2mm.

Brief Description of the Drawings

In order to understand the invention and to see how it can be carried out in practice, preferred embodiments will now be described, by way of non-limiting examples only, with reference to the accompanying drawings, in which similar parts are likewise numbered, and in which:

Fig. 1 is a pictorial view of an assembled ISO 7376/3 type laryngoscope with an ISO 7376/3 type laryngoscope blade in accordance with the present invention in its operative intubation position;

Fig. 2 is an exploded view of the laryngoscope of Figure 1;

Figs. 3 and 4 are cross sections respectively along lines A-A and B-B in Figure 1;

Fig. 5 is an exploded view of an ISO 7376/1 type laryngoscope including the original version of an ISO 7376/1 type laryngoscope blade in accordance with the present invention; and

Fig. 6 is an exploded view of an ISO 7376/1 type laryngoscope including the Shucman® version of an ISO 7376/1 type laryngoscope blade in accordance with the present invention.

Detailed Description of Preferred Embodiments

Figures 1 and 2 show an ISO 7376/3 type laryngoscope 1 including an ISO 7376/3 type stainless steel laryngoscope blade 2 with a leading tip 3 for removable double snap engagement into an operative intubation position on an ISO 7376/3 type laryngoscope handle 4 having an electrical light source 6 in

selective electrical connection with electrical batteries stored therein on depression theretoward. The laryngoscope blade 2 includes a resiliently elastically deformable stainless steel blade hook-on fitting 7, and a stainless steel spatula 8 for transversely extending from the laryngoscope handle 4 in its operative intubation position for insertion into a subject's mouth. The laryngoscope blade 2 also includes a L-shaped light guide mount 9 with a trailing connector portion 11 for snap mounting onto the blade hook-on fitting 7 and a light pipe 12 for transferring illumination light from the electrical light source 6 towards a subject's larynx entrance area. The light guide mount 9 is preferably a single discrete item made from acrylic, polycarbonate, or similar light propagating material.

The laryngoscope handle 4 has an upright U-shaped handle hook-on fitting 13 with a pair of spaced apart substantially parallel upright supports 14A and 14B with interior surfaces 16A and 16B (see Figure 4) having a pair of opposite recesses 17A and 17B (see Figure 4), and a pivot rod 18 extending thereacross. The blade hook-on fitting 7 has a thin walled U-shaped retaining member 19 facing toward the laryngoscope blade's leading tip 3. The retaining member 19 has a pair of spaced apart substantially parallel side walls 21A and 21B, a major front crosspiece 22 extending widthwise between their upper leading portions, and a minor front bridge 23 bridging widthwise between their lowermost leading portions with a centrally disposed indentation 24 directed away from the laryngoscope blade's leading tip 3 whereby the bridge 23 assumes a bifurcated appearance. The retaining member 19 is formed with a leading cutout 26 for snap insertion of the pivot rod 18 therein (see Figure 3) effected by the pivot rod 18 resiliently downwardly elastically deforming the bridge 23 relative to the crosspiece 22 as it passes over the indentation 24. The indentation 24 prevents the removal of the pivot rod 18 from the cutout 26 without a specific user manipulation of the laryngoscope blade 2 relative to the handle. It should be noted that a simple test for testing the function of the indentation 24 is that it precludes non snap insertion of a GO/NO-GO cylindrical gauge 27 having the

same diameter D as the pivot rod 18 into the cutout 26. The side walls 21A and 21B have exterior facing protrusions 28A and 28B disposed towards the trailing end of the laryngoscope blade 2 for snap insertion into a corresponding recess 17 on positive snap manipulation of the blade hook-on fitting 7 fully into the handle hook-on fitting 13 whereupon the laryngoscope blade 2 assumes its operative intubation position (see Figure 4).

Figure 5 shows an ISO 7376/1 type laryngoscope 31 including an ISO 7376/1 type stainless steel laryngoscope blade 32 for removable double snap engagement into an operative intubation position on an ISO 7376/1 type laryngoscope handle 33 having an exposed electrical contact 34 in selective electrical connection with electrical batteries stored therein on depression theretoward. The laryngoscope blade 32 has a similar construction to the laryngoscope blade 2 except that it has a different sized blade hook-on fitting 36 and it includes a light guide mount 37 for selectively contacting an electrical light source 38 disposed toward the laryngoscope blade's leading tip 39 with the electrical contact 34 on assembly of the ISO 7376/1 type laryngoscope 31.

Figure 6 shows an ISO 7376/1 type laryngoscope 41 including an ISO 7376/1 type stainless steel laryngoscope blade 42 identical in construction to the ISO 7376/1 type stainless steel laryngoscope blade 32 except that its light guide mount 43 includes an electrical light source 44 disposed toward the laryngoscope blade's trailing end on assembly of the ISO 7376/1 type laryngoscope 41, and a light pipe 46.

While the invention has been described with respect to a limited number of embodiments, it will be appreciated that many variations, modifications, and other applications of the invention can be made within the scope of the appended claims.